

# GOING PEAR-SHAPED

Martin Young

Being asked to write a guest editorial for a spanking new chiropractic journal is both an honour and a responsibility. Looking back for inspiration at previous editorials from the days of my own editorship, it was something of a shock to see that the last was written over seven years ago and the first almost a quarter of a century previously, at a time when the profession – and the world – was somewhat different.

Inspiration came there none. Evidence-based practice? Done to death – and those who fail to pay it heed are, by definition, unlikely to be reading a peer-reviewed journal; Coronavirus? Others are better placed to discuss its global impact and my own experiences have been focussed entirely locally on keeping my clinics functioning, safe, compliant and as effective as circumstances allow; Divides in the profession? The current crisis has magnified the polarity and the coming economic fallout will doubtless continue to do so but, again, the pseudoscientists and timeshare sellers that populate one end of our spectrum of practice are unlikely to dent their bubble of unjustifiable beliefs by picking up a publication such as this, and there is little point in preaching to converted.

Eventually my theme arose from the very fact that the deadline was looming, if not past, without a word being penned. My watertight excuses would make any habitual procrastinator proud: I had three clinics returning from two months of staff-furloughed telehealth with all the legal, regulatory, and logistical implications to manage, and, in particular, my expert witness practice was running on overload with over a dozen active instructions, each with their own associated deadline often enforced by Court directives which, unlike research publications that can bubble on a back-burner for guilt-twinged years, brook no latitude and fill evenings and weekends.

It was this latter that, I thought in a flash of brilliance, might give scope for editorial exploration and pique the interest of the clinical side of the readership: sooner or later every chiropractor will receive a complaint of some sort and having an insight into why things go wrong and how to best deal with them is a matter that impacts on both practitioner and researcher, whose honest and clinically transferable endeavours serve to best inform our actions.

The two best friends to someone in primary practice are ethics and clinical governance. If you work with a regulatory framework then this is, in part, laid out for you; however, it never ceases to amaze me how many chiropractors fail to even read the codes of conduct and practice under which they are supposed to be operating, much less reflect on them or audit their procedures and

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practises to ensure compliance. I once asked in a continuing professional development seminar how many attendees had undertaken a clinical audit in the past five years. The result was nought out of forty. That would be considered unacceptable in almost any other healthcare profession, and was from a sample of the profession that was actively seeking professional development.

Too many chiropractors aim only for minimum standards of clinical governance, and those in non-regulated countries often seem to have chosen their location so that they can abandon all clinical standards. My own practice encompasses both the UK (statutorily regulated by the General Chiropractic Council) and Eire, which has only weak and largely unenforceable self-regulation. The difference is an advertisement for statutory regulation. From note taking (or, in some cases, the total absence of it) to use (or, too often, illegal misuse) of radiology, the self-chosen styles of practice often beggar belief and results in actual harm to patients, with no mechanism to curtail it.

Whilst some chiropractors actively chose to downgrade themselves from anything that might be recognisable as a healthcare professional, even fewer seem to strive in the opposite direction for the excellence that might also help buffer them from the risks of receiving a complaint. In the UK, we are blessed with having a post-graduate organisation with Royal patronage (the Royal College of Chiropractors) that offers a framework for meeting patient expectations (the Patient Partnership Quality Mark) and excelling in clinical governance (the Clinical Management Quality Mark). Nationally, fewer than 10% of clinics hold the former and just a few dozen the latter. Understanding a mindset that doesn't want to do the best for one's patients and operate in the best clinic you can is hard, particularly when it is there on a plate and appears to offer a robust defence against complaints that have escalated to the legal or regulatory stages: it is, in my experience, a rare event to see clinics with such hallmarks having to formally account for their actions.

This doesn't of course stop a disgruntled patient from making a complaint to you in person; however, if your clinic has in place well-considered mechanisms and written procedures, most such complaints can be defused before they escalate further, particularly if informed by appropriate record-keeping and robust patient outcome measures that can give both parties insight into the index events. Of those practitioners who are actually aware of any duty of candour, many fail to make their procedures public in their clinics or websites, perhaps in the mistaken belief that this will put off patients from complaining to them – they are right in part, it is all too often the case that a patient, unaware of how they might seek redress from a clinic directly, instead puts the matter in the hands of solicitors or regulators.

Your reaction to receiving a patient complaint is often a good indicator of how at risk you are from being sued or facing disciplinary proceedings. All too often, self-righteous indignation takes the place of appropriate self-reflection; egotism replaces engagement and, where necessary, remediation. The chiropractor who tells you they never made a mistake, missed a diagnosis or made someone worse is either deliberately lying or suffering from narcissistic personality disorder (or '*Trump syndrome*' as I now believe it's called). The key to having a practice that evolves in the right direction isn't never making a mistake, it's minimising the chances of making a mistake and never making the same mistake twice.

If you are unfortunate enough to be sued, lawyers will instruct someone like me to scrutinise your notes to see whether you breached your duty of care to the patient and, if so, whether your actions were causative of the alleged problem. That means that, if you took a thorough history; performed appropriate examinations; reached a sensible diagnosis; and formulated and delivered treatment in a manner what would be supported by a reasonable and rational body of other chiropractors the matter is unlikely to proceed further ... the key again is, therefore, clinical

governance – and making sure that the body of chiropractors to whom you subscribe promotes evidence-based or logically justifiable practice.

If you live in a regulatory world, a complaint to your governing body will trigger an investigation, which will only normally proceed to a hearing if your conduct could be proved to have fallen significantly below the standards expected of a reasonable chiropractor. This benchmark may vary between regulators but, if you can show your standards of practice to be of the highest calibre, the chances of such a referral being made fall dramatically and the odds of it resulting in a damning professional sanction are even lower. Regulators' primary concern is public protection and, if you practice safely and demonstrate insight, the public clearly need little or no protection from you and your conduct is likewise unlikely to be considered professionally unacceptable. By contrast, if you are trying to justify the unjustifiable or refusing to put up your hand to admit a mistake, you'd better be good at ducking when the book gets thrown at you!

Being a professional expert has its ups: you tend to read every regulation, guideline, and systematic review that gets published (and now we have one more journal for which to set publication alerts!). It also lets you see the worst side of both chiropractors, many of whom have abandoned the principles they were taught or been seduced by the promises of easily procured patient fees that have not been properly earned, and of patients, some of whom are themselves after an easy buck or who have mental health problems that distort their expectations or recollection and understanding of events.

So, if you never want to meet someone like me in person or read an unwelcome professional critique of your clinical performance, here are three simple rules for avoiding things going badly wrong.

Reflect:

- ▶ Do you still practice to the ethical and clinical standards to which you were trained?
- ▶ Do you practice to the standards required by your regulator be they mandatory or voluntary?
- ▶ Do you practice to the standards to which you aspire? (1)
- ▶ Would you be happy for your parents to be examined and treated in your own clinic?
- ▶ Would you practice in the same way if an expert witness was standing in your clinic room watching you?

Plan:

- ▶ Write down what you are going to do to make your clinic a better place for patients to be
- ▶ Work out how you are going to make it happen
- ▶ Make sure you have access to the necessary tools: education, journals, collaborations, peer observation and AUDIT.

Review:

- ▶ What could have gone better?

Be it a poor patient outcome, a disappointing audit result, a dissatisfied member of staff, or any of the other multitudinous potential calamities of clinical life, there should always be a lesson to be drawn – our mistakes should inform clinical practice much more than successes.

But then again if you scrambled to subscribe to a new chiropractic journal and took the trouble to read this far, you're probably three-quarters of the way to avoiding things going pear-shaped.

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### Note

1. This is a trick question. If ever you find yourself answering 'yes', it's time to retire!